



“He’s complaining of chest pain, shortness of breath, cramps and dizziness. Do you sell earplugs?”

dizziness. Do you sell earplugs?
shortness of breath, cramps and
“He’s complaining of chest pain”

COMPLAINTS

BY MR C. DIBBLE MBCHB(HONS) DIP IMC FRCSEd FCEM

CONSULTANT IN EMERGENCY MEDICINE

THE ROYAL OLDHAM HOSPITAL



YOUR EXPERIENCES?

CONTENTS

- ◆ INTRODUCTION
- ◆ LEGAL FRAMEWORK
- ◆ COMPLAINTS PROCEDURE
- ◆ HOW TO DEAL WITH COMPLAINTS

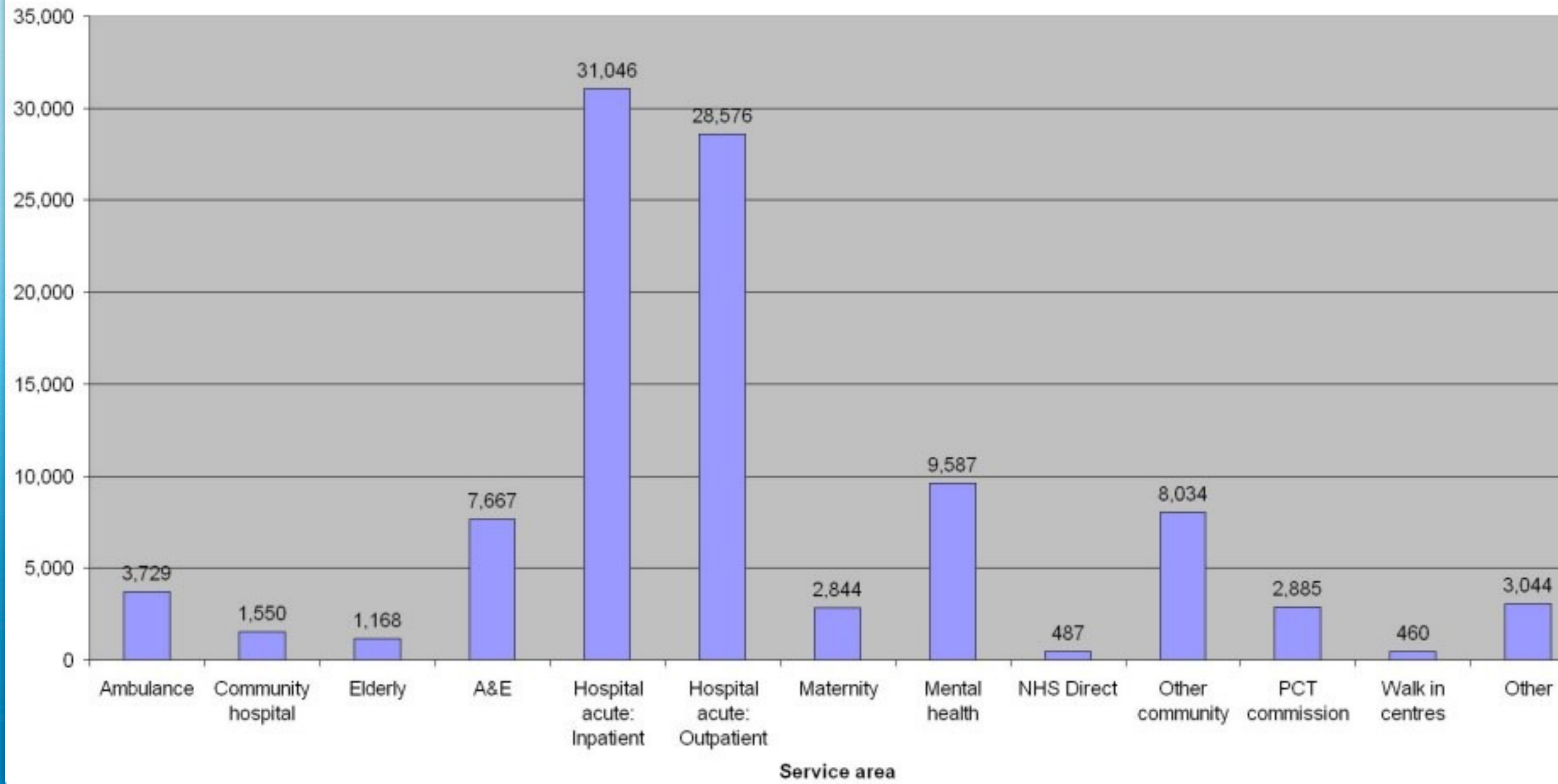




INTRODUCTION

- > 101 000 WRITTEN COMPLAINTS IN 2009-2010 & RISING
- LEGAL OBLIGATION
- MORAL/ETHICAL OBLIGATION?
- CUSTOMER SERVICE APPROACH
- PROFESSIONAL STANDARDS (GMC ETC)
- SERVICE IMPROVEMENT

Complaints 2009/2010



COMPLAINTS BREAKDOWN

TOP REASONS FOR MAKING A COMPLAINT

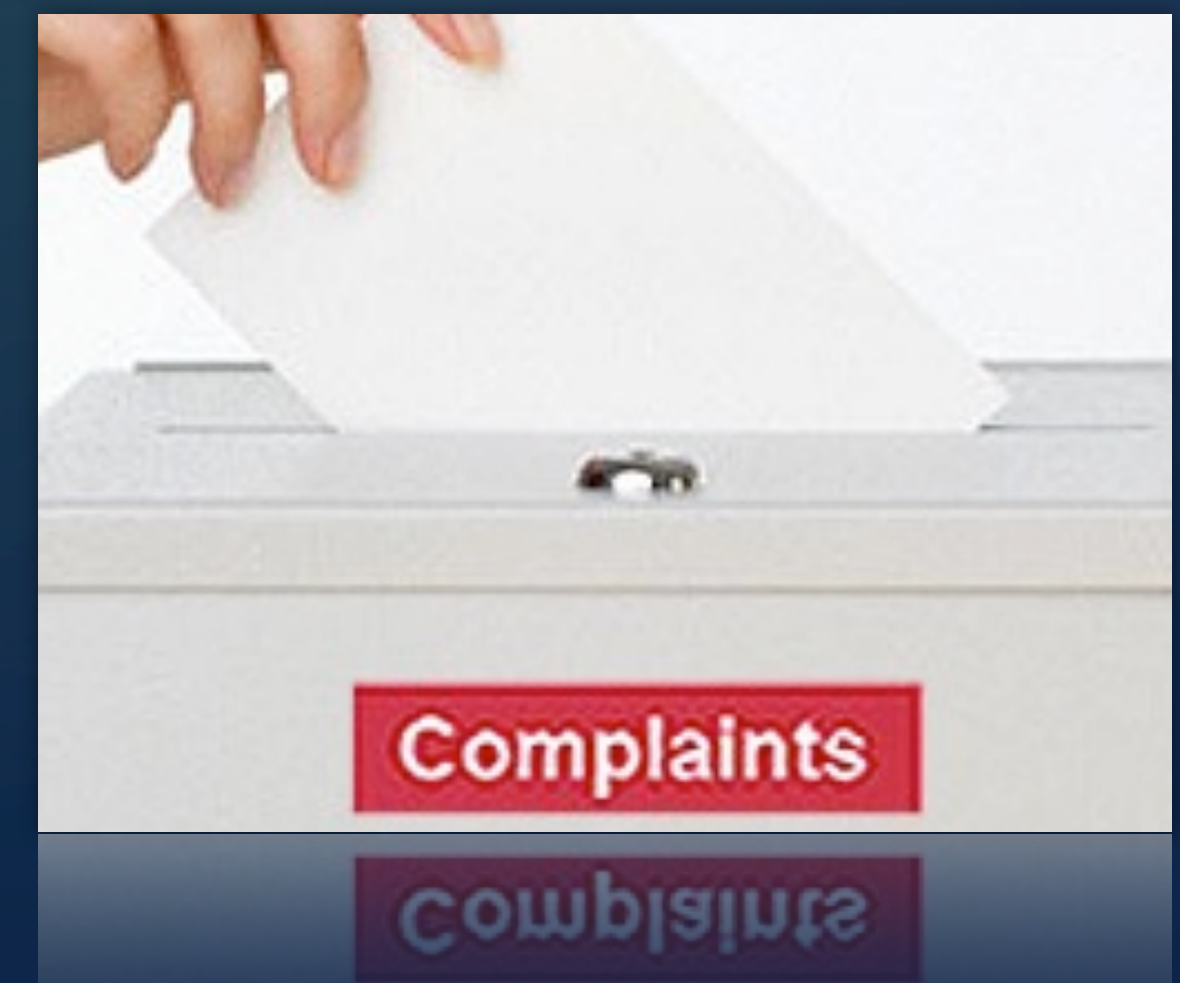
- ◆ ATTITUDE OF STAFF (CLINICAL, NURSING, OTHER)
- ◆ FAILURE TO DIAGNOSE CONDITION (FRACTURES, CANCER)
- ◆ COMPLICATIONS FOLLOWING SURGERY/PROCEDURE
- ◆ POOR COMMUNICATION/INFORMATION (WRITTEN OR ORAL)
- ◆ FAILURE TO TREAT CONDITION
- ◆ APPOINTMENTS, DELAY / CANCELLATION (OUTPATIENT)
- ◆ LACK/STANDARD OF NURSING CARE
- ◆ DELAY IN RECEIVING TREATMENT /TESTS
- ◆ INCOMPLETE EXAMINATION/PROCEDURE

WHAT DO COMPLAINANTS WANT?

- ◆ TO VOICE THEIR DISCONTENT AND MAKE THEIR POINT
- ◆ STAFF TO EMPATHISE AND ACKNOWLEDGE THE IMPACT ON THE PERSON
- ◆ RESOLUTION OF THEIR GRIEVANCE
- ◆ AN EXPLANATION WHY 'IT' HAPPENED
- ◆ TO BE ASSURED THAT ACTION WILL BE TAKEN TO PREVENT RECURRENCES – IT DOES NOT HAPPEN TO ANYONE ELSE
- ◆ AN APOLOGY

LOCAL AUTHORITY SOCIAL SERVICES AND NATIONAL HEALTH SERVICE COMPLAINTS (ENGLAND) REGULATIONS 2009

- YOU HAVE THE RIGHT TO HAVE ANY COMPLAINT YOU MAKE ABOUT NHS SERVICES DEALT WITH EFFICIENTLY AND TO HAVE IT PROPERLY INVESTIGATED.
- YOU HAVE THE RIGHT TO KNOW THE OUTCOME OF ANY INVESTIGATION INTO YOUR COMPLAINT.
- YOU HAVE THE RIGHT TO TAKE YOUR COMPLAINT TO THE INDEPENDENT HEALTH SERVICE OMBUDSMAN, IF YOU ARE NOT SATISFIED WITH THE WAY YOUR COMPLAINT HAS BEEN DEALT WITH BY THE NHS



ETHICAL OBLIGATION

- ◆ TAX PAYERS PAY FOR THE SERVICE
- ◆ FIRST WORLD MINDSET?
- ◆ EXPECTATIONS
- ◆ POLITICS





GMC

“GOOD MEDICAL PRACTICE” PARAGRAPH 31.

- ◆ PATIENTS WHO COMPLAIN ABOUT THE CARE OR TREATMENT THEY HAVE RECEIVED HAVE A RIGHT TO EXPECT A PROMPT, OPEN, CONSTRUCTIVE AND HONEST RESPONSE INCLUDING AN EXPLANATION AND, IF APPROPRIATE, AN APOLOGY. YOU MUST NOT ALLOW A PATIENT'S COMPLAINT TO AFFECT ADVERSELY THE CARE OR TREATMENT YOU PROVIDE OR ARRANGE.

MANY PATIENTS COMPLAINTS RESULT FROM FAILURE TO FOLLOW GMC GUIDANCE ON GOOD MEDICAL PRACTICE

COMPLAINTS PROCEDURES

- ◆ INFORMAL: CAN BE DEALT WITH VERBALLY LOCALLY
 - ◆ PALS (PATIENT ADVISORY LIAISON SERVICE) IN ALL TRUSTS
 - ◆ AIM TO BE DEALT WITH BY END OF THE DAY
- ◆ ICAS (INDEPENDENT COMPLAINTS ADVOCACY SERVICE) NATIONALLY
- ◆ FORMAL: WRITTEN +/- SERIOUS NEED RESPONSE IN WRITING



FORMAL COMPLAINTS

- ◆ WITHIN 1 YEAR BY PATIENT/RELATIVE
- ◆ TO CHIEF EXECUTIVE/PCT/CQC
- ◆ ALL THROUGH COMPLAINTS DEPARTMENT
- ◆ ACKNOWLEDGEMENT IN 3 DAYS
- ◆ RESPONSE IN 25 WORKING DAYS (10D IN PRIMARY CARE) AFTER INVESTIGATION
- ◆ OFFER TO MEET PATIENT
- ◆ LOCAL RESOLUTION WHEREVER POSSIBLE
- ◆ IF DISSATISFIED: PARLIAMENTARY & HEALTH SERVICES OMBUDSMAN
- ◆ IMMEDIATELY TERMINATED IF LEGAL INVOLVEMENT
- ◆ INDEPENDENT INVESTIGATION BY OMBUDSMAN

RESPONDING TO COMPLAINTS

- ◆ DON'T GET DEFENSIVE, KEEP YOUR HEAD
- ◆ OPEN, HONEST AND APOLOGISE (IF APPROPRIATE)
- ◆ WRITE A RESPONSE TO COMPLAINTS MANAGER DETAILING FACTS (SIMPLE LANGUAGE, FACTS, NO OPINION)
- ◆ SEE THEM AS A CHANCE TO IMPROVE THE CARE
- ◆ INFORM PATIENTS IF CHANGES HAVE OCCURRED: MOST JUST WANT THIS OUTCOME
- ◆ DISCUSS WITH DEFENCE ORGANISATION (MDU/MPS ETC)

FORMAT OF A STATEMENT

- ◆ FULL NAME AND TITLE
- ◆ POSITION HELD AT THE TIME & PRESENT AND DETAILS OF QUALIFICATIONS
- ◆ PLACE OF WORK AT THE TIME OF THE INCIDENT/DEATH AND CURRENT PLACE OF WORK
- ◆ IDENTIFY THE PATIENT USING THEIR NAME AND DATE OF BIRTH
- ◆ DEAL WITH MATTERS RELEVANT TO THE CASE IN CHRONOLOGICAL ORDER
- ◆ STICK TO THE FACTS MAKING CLEAR WHETHER THE FACTS ARE FROM DIRECT KNOWLEDGE OR REPORTS
- ◆ AVOID CRITICISM OF COLLEAGUES AND/OR OTHER DEPARTMENTS
- ◆ USE THE FIRST PERSON SINGULAR ('I INTUBATED MR SMITH') RATHER THAN ('MR SMITH WAS INTUBATED') - MINIMISES AMBIGUITY
- ◆ AVOID THE USE OF MEDICAL ABBREVIATIONS — EXPLAIN MEDICAL TERMINOLOGY
- ◆ NUMBER EACH PARAGRAPH DOWN THE LEFT HAND SIDE OF THE PAGE FOR EASE OF REFERENCE
- ◆ VERIFIED BY A STATEMENT OF TRUTH AT THE BOTTOM OF EVERY PAGE
- ◆ DATE AND SIGN EVERY PAGE AND RETAIN A COPY

THE PARLIAMENTARY AND HEALTH SERVICE OMBUDSMAN, PRINCIPLES OF GOOD COMPLAINT HANDLING (2008)

- ◆ GETTING IT RIGHT
- ◆ BEING CUSTOMER FOCUSED
- ◆ BEING OPEN AND ACCOUNTABLE
- ◆ ACTING FAIRLY AND PROPORTIONATELY
- ◆ PUTTING THINGS RIGHT
- ◆ SEEKING CONTINUOUS IMPROVEMENT.

EXAMPLE

07th April [redacted]

COMPLAINTS

14 APR 2011

RECEIVED



Dear Sir / Madam,

I write to register a complaint regarding the death of my wife, P [redacted]

[redacted]

After visiting [redacted] by ambulance 3 times (28th October-30th October [redacted]), complaining of difficulty in breathing, she was sent home saying that there were no problems other than the illness which was already being treated. P [redacted] was suffering from Systemic Lupus Erythematosus, and had been told to only expect a couple of years left to live.

P [redacted] called 'Air Products' to check her oxygen supply and had the 'national grid' and fire brigade check for gas leaks as her ability to breath was becoming worse. All these checks proved negative and Pauline spent the rest of the weekend in bed.

On Sunday evening she showed considerable improvement, but when I woke her on Monday morning (2nd November [redacted] to take her tablets she was unable to sit up, even with help.

I called an ambulance and shortly after her arrival at [redacted] P [redacted] died.

When I was contacted by the hospital (the next day, I think), I was told that her cause of death was pneumonia which lead to sepsis. After the post mortem the death certificate gives cause of death as acute ventricular failure and hypertensive heart disease.

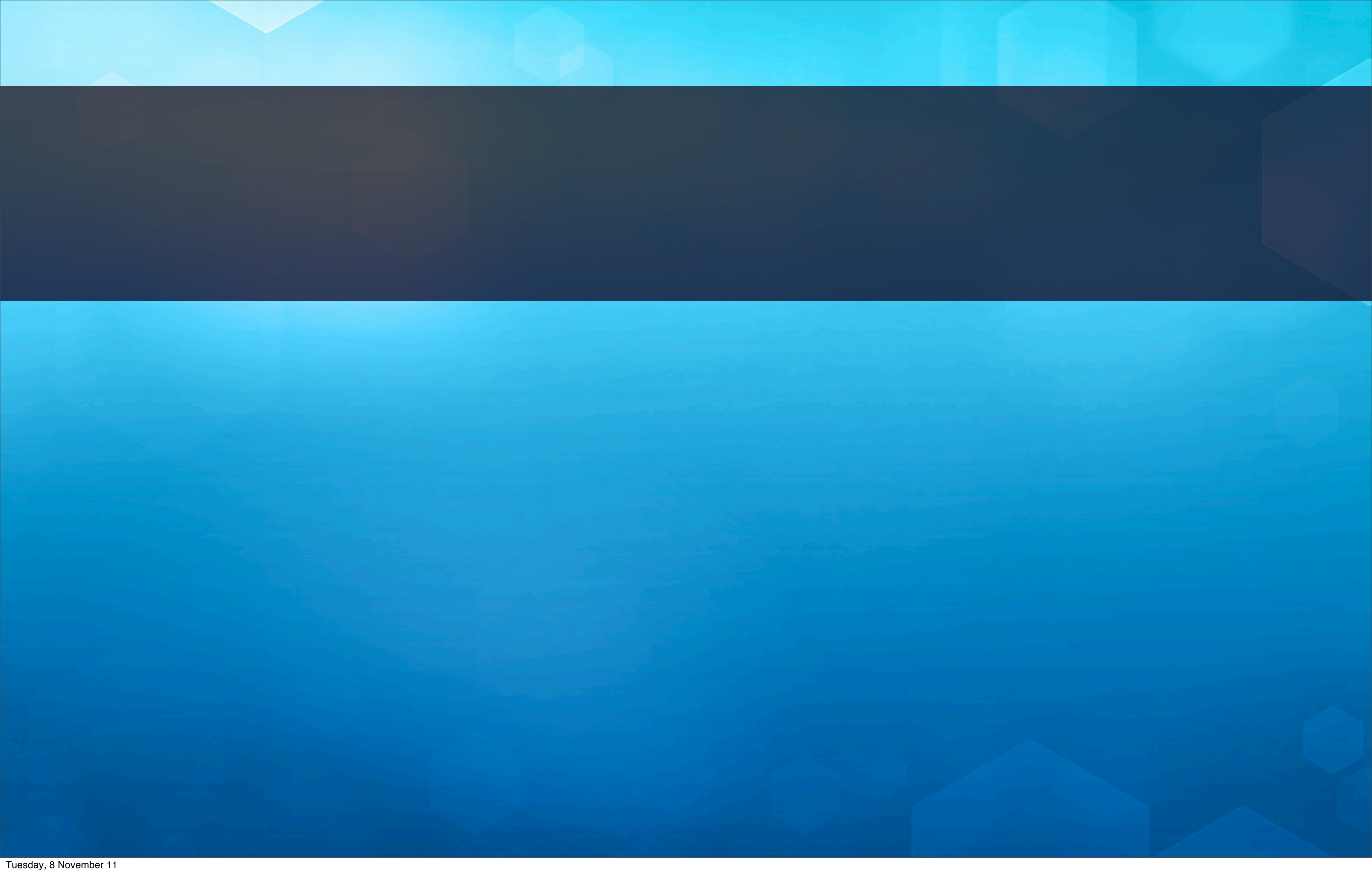
I am on ill health early retirement due to brain damage caused by a head injury and so am not very good on the telephone, so please respond in writing.

Yours faithfully,

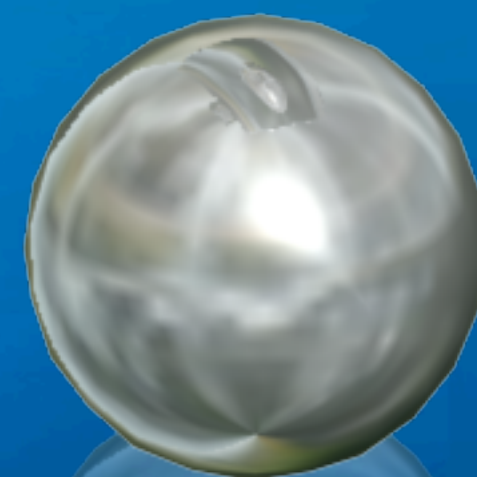
[redacted signature block]

HOW TO AVOID COMPLAINTS

- ◆ CONTEMPORANEOUS RECORDS – THIS IS YOUR EVIDENCE
- ◆ ASK YOURSELF:
 - ◆ HAVE I EXPLAINED THE PROCEDURE / INVESTIGATION / EQUIPMENT USED?
 - ◆ HAVE I EXPLAINED THE RISKS ASSOCIATED WITH THE TREATMENT / PROCEDURE?
 - ◆ DOES THE PATIENT UNDERSTAND THE ABOVE AND AGREE?
 - ◆ HAVE I OBTAINED INFORMED CONSENT?
 - ◆ IS THERE A CLEAR/ACCURATE RECORD OF THE ABOVE?



QUESTIONS?



SUMMARY

- ◆ THERE IS A LEGAL/ETHICAL FRAMEWORK FOR COMPLAINTS
- ◆ KNOW THE LOCAL PROCEDURES AND TIMINGS
- ◆ LOCAL RESOLUTION
- ◆ DON'T TAKE IT PERSONALLY
- ◆ USE THEM CONSTRUCTIVELY TO IMPROVE PATIENT CARE